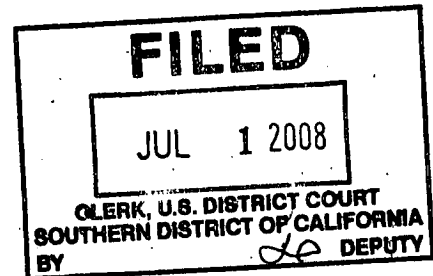


Brian T. Hill  
 PLAINTIFF/PETITIONER/MOVANT'S NAME  
167149  
 PRISON NUMBER

corcoran II's SATF  
 PLACE OF CONFINEMENT  
P.O. Box 5246  
corcoran, CA 93212  
 ADDRESS



United States District Court  
 Southern District of California

Brian T. Hill  
 Plaintiff/Petitioner/Movant

v.

Larry E. Scribner  
 Defendant/Respondent

'08 CV 1180 JM (WMC)  
 Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER  
 PENALTY OF PERJURY IN SUPPORT  
 OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, Brian T. Hill  
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration corcoran II's SATF

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

\$10.50; pay period Sun-  
day - Thursday 1:30 p.m. to 5:15  
and 5:30 p.m. to 8; Ken Clark with  
den P.O. Box 7100, Corcoran, CA, 93214

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): Federal

-20 Filing Fees, Southern and  
Central District courts

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. State

and Federal Funding for California  
State Prisoners; Prison officials  
are Denying me these Rights

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

June 25th 08

DATE

[Signature]

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant Brian T. Hill  
(NAME OF INMATE)

H67149  
(INMATE'S CDC NUMBER)

has the sum of \$ \_\_\_\_\_ on account to his/her credit at \_\_\_\_\_  
corcoran state prison is state  
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0  
to his/her credit according to the records of the aforementioned institution. I further certify that during  
the past six months the applicant's *average monthly balance* was \$ 20.45  
and the *average monthly deposits* to the applicant's account was \$ 32.20

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

JUN 23 2008

DATE

um Jordan

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Monica Jordan

OFFICER'S FULL NAME (PRINTED)

Account clerk

OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
(Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Brian T. Hill #67149 request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

June 25th, 08  
DATE

B. Hill  
SIGNATURE OF PRISONER

REPORT ID: TS3030 .701

REPORT DATE: 06/23/08  
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS  
SATF/SP AT CORCORAN  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 23, 2008

ACCOUNT NUMBER : H67149  
ACCOUNT NAME : HILL, BRIAN TERRELL  
PRIVILEGE GROUP: A  
BED/CELL NUMBER: FCB2T1000000121U  
ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

DATE	TRAN	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/01/2007		BEGINNING BALANCE					0.00
12/05	D554	INMATE PAYROL 3057/11-07			12.38		12.38
12/05	W215	FEDERAL FILIN 3075/6808A				2.06	10.32
12/05	W215	FEDERAL FILIN 3075/6808				2.06	8.26
12/05	W215	FEDERAL FILIN 3075/5012				2.06	6.20
12/05	W215	FEDERAL FILIN 3075/5012A				2.06	4.14
12/05	W215	FEDERAL FILIN 3078/5839A				2.06	2.08
12/05	W213	FEDERAL FILIN 3078/0031				2.08	0.00
12/05	W512	LEGAL POSTAGE 3071/LPOST				2.66	2.66
12/05	W919	REVERSE LEGAL 3079/3071				2.66	0.00
		ACTIVITY FOR 2008					
02/07	D554	INMATE PAYROL 4021/DEC07			6.82		6.82
02/07	D554	INMATE PAYROL 4022/01-08			31.63		38.45
02/07	W215	FEDERAL FILIN 4035/6808A				1.36	37.09
02/07	W215	FEDERAL FILIN 4035/6808A				6.33	30.76
02/07	W215	FEDERAL FILIN 4035/6808				1.36	29.40
02/07	W215	FEDERAL FILIN 4035/6808				6.33	23.07
02/07	W215	FEDERAL FILIN 4035/5012				1.36	21.71
02/07	W215	FEDERAL FILIN 4035/5012				6.33	15.38
02/07	W215	FEDERAL FILIN 4035/5012				1.36	14.02
02/07	W215	FEDERAL FILIN 4035/5012				6.33	7.69
02/15	W512	LEGAL POSTAGE 4198/LPOST				2.49	5.20
02/15	W512	LEGAL POSTAGE 4198/LPOST				2.32	2.88
02/26	W512	LEGAL POSTAGE 4363/LPOST				2.15	0.73
03/05	D554	INMATE PAYROL 4470/02-08			30.03		30.76
03/05	W215	FEDERAL FILIN 4498/6808				6.01	24.75
03/05	W215	FEDERAL FILIN 4498/6808A				6.01	18.74
03/05	W215	FEDERAL FILIN 4498/5012				6.01	12.73
03/05	W215	FEDERAL FILIN 4498/5012A				6.01	6.72
03/10	FC03	DRAW-FAC 3 4574/FAC C				6.72	0.00
04/07	D554	INMATE PAYROL 4963/03-08			29.69		29.69
04/07	W215	FEDERAL FILIN 4984/6808				4.95	24.74
04/07	W215	FEDERAL FILIN 4984/6808A				4.95	19.79
04/07	W215	FEDERAL FILIN 4984/5012				4.95	14.84
04/07	W215	FEDERAL FILIN 4984/5012A				4.95	9.89
04/07	W213	FEDERAL FILIN 4986/0012				4.94	4.94
04/07	W213	FEDERAL FILIN 4986/0012A				4.94	0.00
05/06	D554	INMATE PAYROL 5496/04-08			43.07		43.07
05/06	W215	FEDERAL FILIN 5516/5012				7.18	35.89
05/06	W215	FEDERAL FILIN 5516/6808				7.18	28.71
05/06	W215	FEDERAL FILIN 5516/6808				7.18	21.53
05/06	W215	FEDERAL FILIN 5516/5012				7.18	14.35
05/06	W213	FEDERAL FILIN 5521/5839				7.17	7.18

REPORT ID: TS3030 .701

REPORT DATE: 06/23/08  
PAGE NO: 2SATF/SP AT CORCORAN  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 23, 2008

ACCT: H67149 ACCT NAME: HILL, BRIAN TERRELL ACCT TYPE: I

DATE	TRAN	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
05/06	W213	FEDERAL FILIN	5521/0031			7.18	0.00
06/05	D554	INMATE PAYROL	6023/05-08		39.59		39.59
06/05	W215	FEDERAL FILIN	6054/6808			6.60	32.99
06/05	W215	FEDERAL FILIN	6054/6808A			6.60	26.39
06/05	W215	FEDERAL FILIN	6054/5012A			6.60	19.79
06/05	W215	FEDERAL FILIN	6054/5012			6.60	13.19
06/05	W213	FEDERAL FILIN	6056/0012A			6.59	6.60
06/05	W213	FEDERAL FILIN	6056/0012			6.60	0.00

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/20/2008	H114	COPAY FEE, MED.	6333/15446	5.00

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	193.21	193.21	0.00	5.00	0.00

CURRENT AVAILABLE BALANCE
5.00-



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST:  
JUN 23 2008  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY: *M. J. Jordan*  
TRUST OFFICE